

ELIGIBLE & NON-ELIGIBLE EXPENSES

To substantiate the expenses you will need to submit documentation that clearly shows the type of service, date of service, and the amount you are responsible to pay, along with a completed claim form. For overthe-counter items, a cash register receipt with the product name listed is required.

The following lists are expenses that will be covered and expenses that will not be covered.

COVERED ITEMS

Acupuncture *Air Filters

Alcoholism/Drug Abuse treatment Braille books/magazines

*Breast Reduction/Reconstruction

Car hand controls Childbirth classes Chiropractic

Christian Science Practitioners

Coinsurance amounts Contact Lenses & solutions

Co-payments Crutches Deductibles Dental treatments Eyeglasses

Optometrist fees Fertility treatments Orthodontia Foreign Country medical expenses Orthopedic shoes Guide dogs/expenses Osteopathic expenses

Hearing Aids *Over-the-counter items (see below)

Hospital co-pays/expenses Prescription medications

Human Guide expenses PRK/Lasik *Impotence Treatment Psychologist fees Laboratory fees Radial Keratotomy

Lasik Eye Surgery **Smoking Cessation programs**

*Massage Sterilization

*Mattresses Sunglasses (prescriptions)

*Mileage for Medical Travel Vision Care

*Weight Loss programs *Nursing Home Care

Office visit co-pays Wheelchair equipment/expenses

This is not a complete list. If you have any questions regarding a specific type of expense that is not listed, or questions about items that are listed, please contact Sheakley Flexible Benefits Division toll-free at 800-877-6630 or e-mail to 125@sheakley.com.

Items marked with an * are only eligible if they are submitted with a written prescription from a medical doctor (MD) stating they are medically necessary and being used to treat a specific medical condition.

OVER-THE-COUNTER MEDICINES

Effective 01/01/2011, the Following Over-The-Counter Medicines Require a Prescription from a Doctor

Allergy medicine Sunburn relief and sunscreens

Antacids

Anti-diarrhea medicine

Aspirin Bactine

Ben Gay or products for muscle or joint pain

Bug bite medications Calamine lotion Cold medicine Cough drops Cough syrups Diaper rash ointment First aid cream Heartburn medicines Hemorrhoidal cream

Hydrogen Peroxide

Heartburn/Acid Reflux/Antacids

Laxatives

Liquid adhesive for small cuts

Medicated shampoo Medicated soap

Lactose Intolerance Medicines

Laxatives

Menstrual Pain Medication Motion Sickness Medication Motion sickness pills Nasal sinus sprays Pain relievers Pedialyte Rubbing alcohol Sinus medications

Sleeping aids for occasional insomnia

Spermicidal foam Sunburn relief

Suppositories

Wart Removal Medications

Weight Loss Drugs

Wrist/Ankle/Knee Supports

Vitamins

Visine or other eye products Yeast infection treatments

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OVER-THE-COUNTER ITEMS

The following over the counter items are not considered medicine, therefore a prescription from a doctor is not required

Bandages First aid kits Rubbing Alcohol/Peroxide

Blood pressure kit Gauze pads Thermometers

Carpal tunnel wrist supports Incontinence supplies Denture Adhesive Products

Cold/hot packs for injuries Nasal strips

Condoms Nicotine gum or patches

Contact lens solution Ovulation kit
Diabetic Insulin Reading glasses

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ITEMS THAT ARE NOT COVERED

The following items are not considered to be medically necessary, therefore not reimbursable under the FSA plan.

Bleaching of teeth Drugs not approved in the US Weight Loss Food

Cosmetic ItemWhitening of teethChapstickCosmetic SurgeryMedicated Soaps ShampoosDeodorantDietary SupplementsToiletriesFace CreamsMoisturizersMouthwashToothpaste

Tooth Brushes (including electric)

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